



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM  
**DELIVERY VESSEL PRESSURE TEST CERTIFICATION APPLICATION**

**TRUCK IDENTIFICATION**

COMPANY NAME

MAILING ADDRESS

OWNER

TELEPHONE NUMBER

OPERATOR

DELIVERY VESSEL SERIAL NO. (OR TRUCK IF INTEGRATED UNIT):

MAKE AND YEAR OF MFG.

DELIVERY VESSEL CAPACITY

NUMBER OF COMPARTMENTS

**TESTING FIRM**

NAME OF TESTING FIRM

TELEPHONE NUMBER

MAILING ADDRESS

NAME OF TESTER

**DELIVERY VESSEL TEST**

CAN DELIVERY VESSEL COMPARTMENTS BE CONNECTED?

☐ Yes ☐ No If no, each compartment must be separately tested and reported.

ALUMINUM VAPOR HOODS

☐ Yes ☐ NoINITIAL TEST PRESSURE (IN. OF H<sub>2</sub>O)

1

2

3

4

5

6

INITIAL TEST VACUUM (IN. OF H<sub>2</sub>O)

1

2

3

4

5

6

THIS DELIVERY VESSEL MEETS THE STANDARD OF "NO MORE THAN \_\_\_\_\_ INCHES OF WATER DROP"

TEST STANDARD	▶	40 CFR 60.500 (SUBPART XX)	40 CFR 63.425 (SUBPART R)	OTHER
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

**TEST RESULTS**

PRESSURE LOSS IN 5 MINUTES IN COMPARTMENT



1

2

3

4

5

6

VACUUM LOSS IN 5 MINUTES IN COMPARTMENT



1

2

3

4

5

6

VAPOR RECOVERY VENTS TESTED

☐ Yes ☐ No

VAPOR RAIL PRESSURE INCREASED BY

\_\_\_\_\_ inches

I, THE UNDERSIGNED, CERTIFY THAT THE DELIVERY VESSEL DESCRIBED ABOVE HAS BEEN TESTED IN ACCORDANCE WITH THE PROCEDURES SET FORTH IN 40 CFR PART 60, APPENDIX A, METHOD 27

SIGNATURE

DATE OF TEST

A copy of the latest certification must be kept in the delivery vessel at all times. One copy should also be sent to each bulk gasoline terminal at which the delivery vessel loads.

This test certification application shall be returned to the Air Pollution Control Program, P.O. Box 176, Jefferson City, MO 65102.